

State of Michigan
Department of Civil Service
400 South Pine Street
P.O. Box 30002
Lansing, Michigan 48909

EMPLOYEE PERSONAL DATA

Instructions: Complete this form to provide personal information to your Human Resource office and to the State of Michigan. Return the completed form to your Human Resource office. Do not send this form to the address above. A portion of this information is protected by federal privacy laws and/or state confidentiality requirements. **(NOTE: Please print or type all sections.)**

Name		Employee ID Number		
Home Address		Social Security Number		
City	County	State	Zip Code	
Home Phone	Birth Date (MM/DD/YYYY)	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
*Race (Check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native				
Emergency Contact Name		Emergency Contact Phone		
PERSONNEL USE ONLY				
Hire Date	Military Credit			
Department	Years +	Months +	Days =	Hours

** This is for statistical purposes only.*